



## SPECIAL EVENT - PUBLIC PROPERTY USER APPLICATION & AGREEMENT



### DO NOT USE FOR

\* Contractor  
vehicle permit

OR

\* Single Day  
Temporary Parking  
Restriction  
Request

### DIRECTIONS

#### Step One:

- If this request involves closing a street  
Contact Lafayette Police – Special Operations Division / 765-807-1293
- If this request involves renting the Big Four Depot - Community Room,  
Riehle Plaza, or John T. Myers Pedestrian Bridge  
Contact Facilities Department for availability / 765-807-1323

#### Step Two:

- Complete and submit this application to Lafayette Clerk's Office  
City Hall, 2<sup>nd</sup> floor, 20 N 6<sup>th</sup> Street, Lafayette, IN / 765-807-1021

### User Information

Date of Event: July 4<sup>th</sup> Time: From: NOON am/pm to: Midnight am/pm  
Name: Stars & Stripes Organization: July 4<sup>th</sup> Fireworks Celebration  
Street Address: 20 N. 6<sup>th</sup>  
City: Lafayette State: IN Zip Code: 47901  
Contact person(s): Cindy Murray Phone Number(s): 765-714-6252  
Email: cmurray@lafayette.in.gov  
Event Description: Fourth of July Celebration  
Caterer: Ø Caterer's Phone Number: Ø

### This event will utilize the following venues (check all that apply):

- ☒ Big 4 Depot - Community Room ☒ Riehle Plaza ☒ John T. Myers Bridge  
☒ City Right-of-way ☒ City Street ☐ Sidewalk ☐ Other \_\_\_\_\_

### This event will include the following elements (check all that apply):

- Estimated Attendance: 3000 ☐ Private Trash Hauler (must be removed by 8am following day)  
☒ Street/Sidewalk/Right-of-way restriction or closure ☒ Food or Beverages Food Trucks  
☒ Restroom Facilities (required for events 4+ hours) ☐ Tents/Canopies  
☐ Alcohol (security is required) ☒ Security (required when serving alcohol)  
Not sure if you need an A&E Permit? Go to:  
☒ Amusement & Entertainment Permit # \_\_\_\_\_ <http://www.in.gov/dhs/2795.htm>  
☐ Stage ☒ Fireworks ☐ Outdoor cooker/grill ☐ Other \_\_\_\_\_

### Optional Equipment & Services:

- ☒ Traffic Control: barricades, **No Parking** signs, water barriers, **Road Closed** Signs \$25
- ☒ City Equipment: Trash totes, other \$25

### Timetable (Minimum # of days. Advanced planning is encouraged; sequence remains the same)

	0	7 days	14 days	21 days	42 days		
	Pre-planning		Notices	Event Preparation			Event
Begin	1st week	2nd week	3rd week	4th week	5th week	6th week	
	First contact	Submit Application Pre-event Meeting	Contact Neighbors prior to Board of Works Hearing	Board of Works Public Hearing & Approval			Date of Event

### Application submittal checklist

- ☒ Application
- ☒ Pre-event meeting (if required)
- ☒ Good Neighbor letter to neighboring properties (**send or deliver to neighbors 7 days prior to Board of Works hearing**)
- ☒ Letter of request to Board of Works (omit if only using Big Four Depot community room)
- ☐ Receipt – payment made to City of Lafayette
- Damage Deposit: \$ \_\_\_\_\_ (required only when renting Depot)
- Permit Fee: \$ \_\_\_\_\_ (fee waived when renting Depot)
- Rental Fee: \$ \_\_\_\_\_
- Equipment & Services: \$ \_\_\_\_\_ (optional)
- ☒ Certificate of Insurance
- ☐ Amusement & Entertainment Permit # \_\_\_\_\_
- Not sure if you need an A&E Permit? Want more information? Go to:  
<http://www.in.gov/dhs/2795.htm> and see definition of A&E Permit in **Rule and Regulations** instructions found at the same link as the **Special Event Application**
- ☐ Traffic Control / Public Safety / Emergency Plan
- ☒ User Agreement
- ☒ Board of Public Works and Safety meeting (if required)



## USER AGREEMENT:

INDEMNIFICATION AND RELEASE. In consideration of being permitted the use of the venue(s) indicated above on this document (the "Property"), which Property is owned by the City of Lafayette, User as indicated below, for User and User's legal representatives, successors, and assigns, hereby releases waives and discharges the City of Lafayette, its officers, departments and employees and of them (herein collectively, "City") from all liability to User and User's officers, members, legal representatives, successors, invitees and assigns (herein collectively "User") from any and all loss or damage, and any claim of damages resulting therefrom, on account of injury to persons or property arising out of possession or use of the Property, whether caused by the negligence of City, or any of them, or otherwise, resulting during the time the User is entitled to occupy and use the Property. User shall exercise the privileges under this Agreement at User's own risk, and irrespective of any negligence of City, User shall indemnify and hold City harmless from any and all liability for all damages, costs, losses and expenses resulting from, arising out of, or in any way connected with User's use and possession of the Property, including attorney fees incurred by City in defending any action arising out of User's possession or use of the Property, whether caused by negligence of the City, or any of them, or otherwise. City shall not be liable to User for any reason whatever User's occupation or use of the Property shall be hindered or disturbed. User agrees that User has made inspection of the Property and is not relying upon any representations of City or any of them as to the condition of state of repair of the Property or to its suitability for any particular purpose. This release, waiver, and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Indiana, and if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have read the above Indemnification and Release and the Policy and Rules governing the use of any public property, city street, sidewalk or public property within the city's right-of-way, the James F. Riehle Plaza, Big Four Community Room, and John T. Myers Main Street Pedestrian Bridge. I agree on my own behalf, and on behalf of the group or organization I am authorized to represent, to such Indemnification and Release and to follow such Rules and Regulations which are incorporated and made a part of this user agreement.

"Lafayette Board of Works"

By: \_\_\_\_\_

Date: \_\_\_\_\_

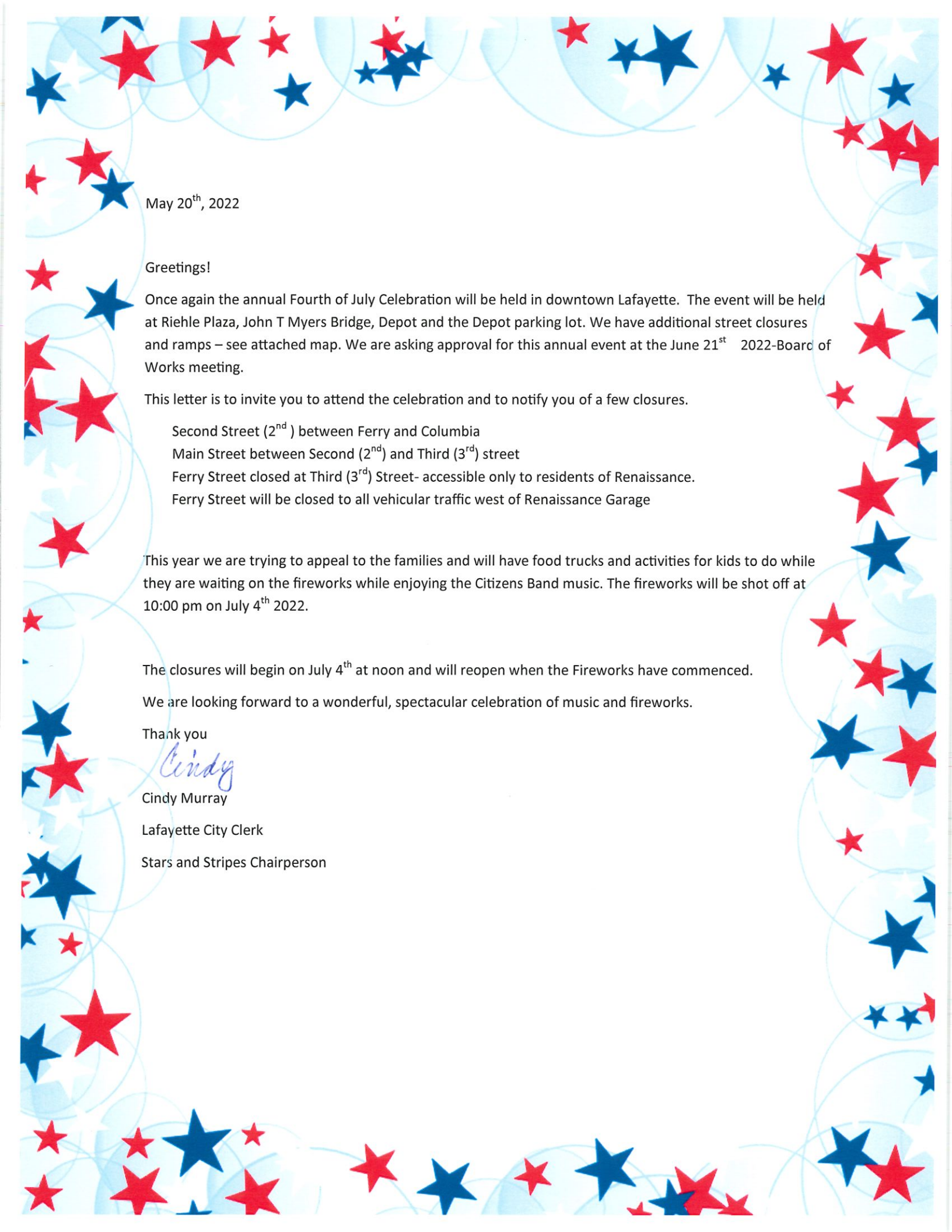
"User"

By: \_\_\_\_\_

Signature

Printed: \_\_\_\_\_

Date: \_\_\_\_\_



May 20<sup>th</sup>, 2022

Greetings!

Once again the annual Fourth of July Celebration will be held in downtown Lafayette. The event will be held at Riehle Plaza, John T Myers Bridge, Depot and the Depot parking lot. We have additional street closures and ramps – see attached map. We are asking approval for this annual event at the June 21<sup>st</sup> 2022-Board of Works meeting.

This letter is to invite you to attend the celebration and to notify you of a few closures.

Second Street (2<sup>nd</sup>) between Ferry and Columbia  
Main Street between Second (2<sup>nd</sup>) and Third (3<sup>rd</sup>) street  
Ferry Street closed at Third (3<sup>rd</sup>) Street- accessible only to residents of Renaissance.  
Ferry Street will be closed to all vehicular traffic west of Renaissance Garage

This year we are trying to appeal to the families and will have food trucks and activities for kids to do while they are waiting on the fireworks while enjoying the Citizens Band music. The fireworks will be shot off at 10:00 pm on July 4<sup>th</sup> 2022.

The closures will begin on July 4<sup>th</sup> at noon and will reopen when the Fireworks have commenced.

We are looking forward to a wonderful, spectacular celebration of music and fireworks.

Thank you



Cindy Murray

Lafayette City Clerk

Stars and Stripes Chairperson



CINDY MURRAY, CITY CLERK

Closures for 2022 Stars and Stripes Celebration

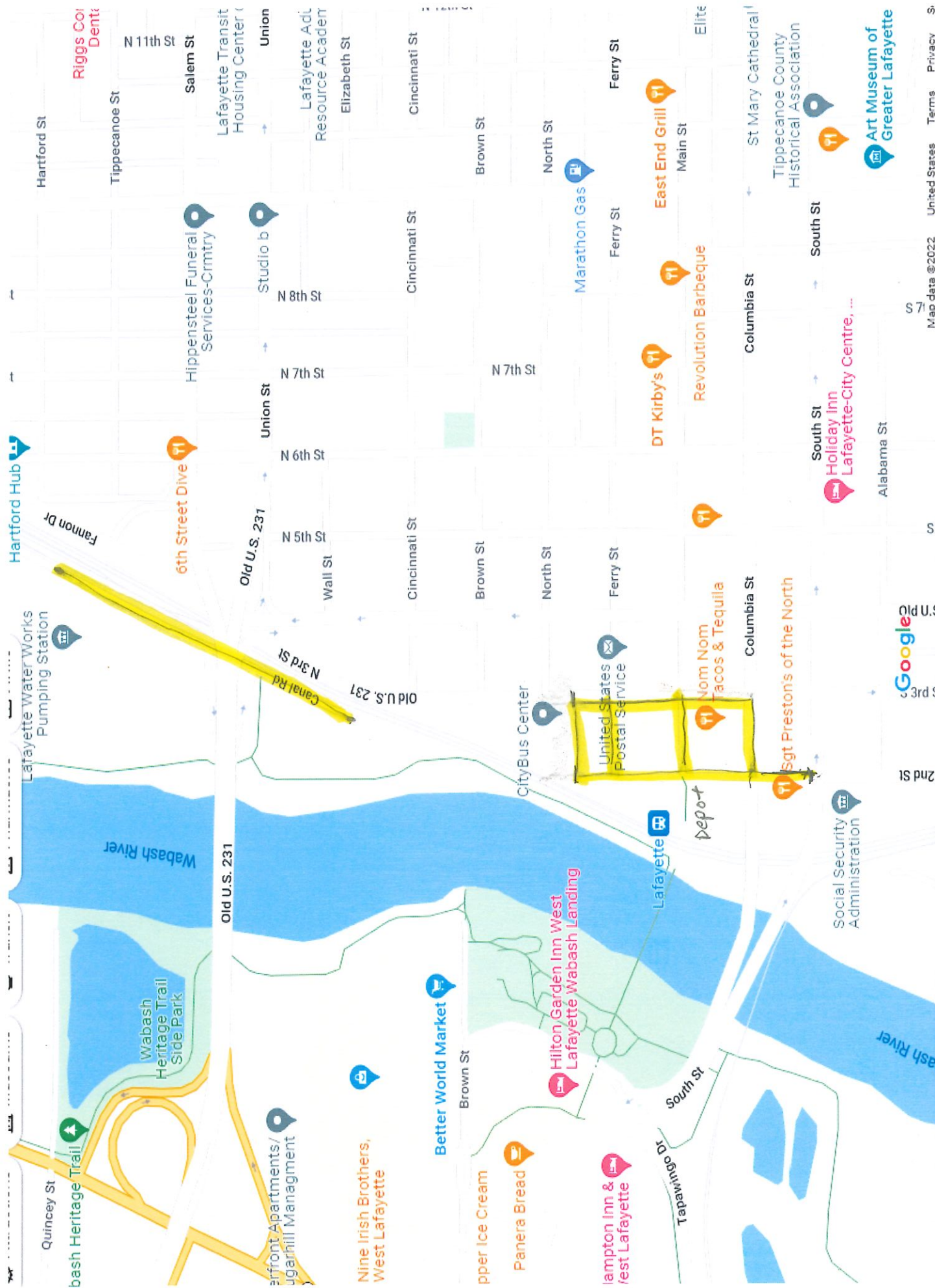
Downtown Area –Closures will be begin at Noon and the streets will reopen after the Fireworks commence.

1. Second Street (2<sup>nd</sup> ) between Ferry and Columbia
2. Main Street between Second (2<sup>nd</sup>) and Third (3<sup>rd</sup>) streets
3. Ferry Street closed at Third (3<sup>rd</sup>) Street – accessible for Renaissance residents
4. Ferry Street will be close to all vehicular traffic west of Renaissance Garage
5. Columbia Bridge Sidewalk

Firework setup area

1. Canal Road in front of the Water Works plant to the dead end of Canal Road beginning 8:00 am – midnight on July 4<sup>th</sup>





Google

2nd St 3rd St 4th St 5th St 6th St 7th St 8th St 9th St 10th St 11th St 12th St

Map data ©2022 United States Terms Privacy S



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Henriott Group, Inc. Renaissance Place 250 Main Street, Suite 650 Lafayette IN 47901-1287		<b>CONTACT NAME:</b> Marci Kuhlman <b>PHONE (A/C, No, Ext):</b> (765) 429-5000 <b>FAX (A/C, No):</b> (765) 423-2599 <b>E-MAIL ADDRESS:</b> mkuhlman@henriott.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Cincinnati Insurance	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:** 2021-2024 Liability**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			ENP 0619930	07/01/2021	07/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
			MED EXP (Any one person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							\$
A	<b>AUTOMOBILE LIABILITY</b>			ENP 0619930	07/01/2021	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE \$
<b>EXCESS LIAB</b>							AGGREGATE \$
DED RETENTION \$							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N	N/A				E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is named as an Additional Insured with respect to General Liability.

**CERTIFICATE HOLDER****CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





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<b>INSURED</b> Stars and Stripes INC PO Box 962 Lafayette IN 47902-0962		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Cincinnati Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10677	

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A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0619930	07/01/2021	07/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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## CERTIFICATE HOLDER

## CANCELLATION

Q106.7 654 Main Street  Lafayette IN 47901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>marci kuhlman</i>
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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Lafayette 20 North 6th Street  Lafayette IN 47901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>marci kuhlman</i>
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**The Cincinnati Casualty Company**  
A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141  
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496  
www.cinfin.com ■ 513-870-2000

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE  
POLICY INFORMATION PAGE**

Policy No.	Policy Period	Previous Policy No.	Billing Method
	From To		
EWC 038 79 58-06	05-22-2022 05-22-2023	EWC0387958-05	DIRECT BILL
Agency	Carrier	Risk ID No.	Entity
13-234	22241		CORPORATION
Agent			

HENRIOTT GROUP, INC.  
250 MAIN ST STE 650  
LAFAYETTE, IN 47901-1287

1. Named Insured and Address  
LAFAYETTE CITIZENS BAND INC  
216 N 4TH ST STE 201  
LAFAYETTE, IN 47901

2. The Policy Period is from 05-22-2022 to 05-22-2023 12:01 am. The Standard Time at the insured's Mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: IN
- B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:
- |                           |                   |               |
|---------------------------|-------------------|---------------|
| Bodily Injury by Accident | \$ <u>500,000</u> | each accident |
| Bodily Injury by Disease  | \$ <u>500,000</u> | each employee |
| Bodily Injury by Disease  | \$ <u>500,000</u> | policy limit  |
- C. Other States Insurance: Part THREE of the policy applies to all states except North Dakota, Ohio, Washington, Wyoming, and States Designated in Item 3A of the information page and Alaska
- D. This policy includes these endorsements and schedules:  
REFER TO ENDORSEMENT SCHEDULE
4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

03-21-2022 10:43

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EWC 038 79 58-06

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